felt weak, he had no pain, and could sit up. The abdomen, though not distended, contracted spasmodically when touched; the pulse was small and rather quick; the stools had a very fetid colour, and contained a quantity of whitish looking membranes. He was first ordered tepid water and melted butter, but this excited the vomiting and purging of new. Strong infusion of coffee, and also infusion of marsh mallows with lemon juice were next prescribed.

Next morning, the 20th, he presented the following symptoms; his face was pale, the eyes sunk in the orbits, and the pupils very much dilated, the respiration was hurried, and he groaned much. The tongue was covered with a whitish fur, and was with great difficulty protruded. The region of the stomach was painful. His breath, face, and extremities, were cold; the pulse very quick, and scarcely to be felt. The purging was more constant, and the stools contained matters of a clear blue colour in considerable quantity. Although he gave distinct answers to questions which were put to him, his intellectual faculties seemed to be confused. He died at ten o'clock. The only symptoms of any portion of the poison having been absorbed were the continuance of the vomiting and purging.

The body was examined twenty-three hours after death. The pupils of the eyes were very much dilated, the eyes were much sunk, and the mouth spasmodically closed. There was remarkable rigidity of all the members and muscles. The abdomen, scarcely more swollen than during life, was of extraordinary rigidity, and was covered with peculiar looking spots, which were especially numerous in the region of the stomach, and on the sides of the abdomen; these spots were of a violet and greenish blue colour, presented the appearance of rays, and were not circumscribed. The muscles were of a deep blue colour, as if they had been dried in the air. The trachea was inflamed at its bifurcation. The lungs were collapsed, pale, and soft to the touch, but not diseased. The heart was turgid with coagulated blood, and covered with spots of black, violet, and brown colour. The œsophagus was of a natural appearance till towards the cardia. The stomach was of a light violet colour, its cardiac orifice being of a deep violet. The veins of both stomach and intestines were much distended by very dark blood. The liver had a violet hue over its concave surface; and the gall bladder was much distended with green bile. A few red and brown mottlings were observed on the surface of the intestines, but otherwise they presented nothing unnatural. The other organs of the body appeared to be healthy. —*Ibid.*, from *Medicinisches Correspondenz-blatt*, 1840. T. R. B.

72. *Rupture of the Spleen.*—Dr. Sotis relates, in *Il Filiatre Sebezio*, for February, 1840, four cases of this accident. The first case occurred in a woman who received a kick in the left hypochondrium and immediately expired. The spleen was found, on examination, separated into two parts as if cut with a sharp instrument, and there was a large effusion of blood in the abdominal cavity.

The second case resulted from a blow with a stone on the left hypochondrium, which was followed by almost instantaneous death. All the organs were found healthy except the spleen, which was largely ruptured, and the abdominal cavity contained a quantity of blood.

The third case occurred in a boy 18 years of age, who fell from a height of about 20 feet. He remained senseless, and died in a few hours. On autopsy, the spleen was found divided transversely into two parts; a great quantity of blood was effused in the abdomen. All the other organs were healthy.

The fourth case was that of a boy 15 years of age, who received in a quarrel a blow from a large stone, thrown from a distance, on his left hypochondrium. He instantly fell senseless and never revived. The spleen was found split through the longitudinal fossa, and each of these portions had two deep transverse fissures, so that the spleen had the appearance of having been cut into six portions at its concave surface. There was also much sanguineous effusion into the abdominal cavity.

In all the cases, death, hæmorrhage, and the size of the divided vessels, suf-

fice to explain the rapidity with which it occurred. However, Dr. Sotis attributes in part the gravity of this injury to the lesion of splenic plexus an important division of the solar plexus. Whence, independently of the debility instantaneously resulting from the hæmorrhage, there was a destruction of nervous power, the effect of which is still more profound and instantaneous.—*Gaz. Méd. de Paris*, May 9, 1840.

MEDICAL STATISTICS.

73. *Results of Amputations.*—Dr. Lawrie, in a paper communicated to Med. Sect. B. A. for advancement of Science, gave tables exhibiting the results of 276 amputations, which took place in the infirmary of Glasgow, during several years. The cases were classed from the sex, the limb operated on, and from the causes rendering the amputation necessary, whether from disease previously existing or from accident. Some of those results were as follows: of the 276 cases, 216 were males, of whom 86 died: 60 were females, of whom 14 died; 153 were for previous disease, of whom 35 died. In operations at the shoulder the deaths were equal to the recoveries; of the arm, the deaths to recoveries were as 3 : 14; in the leg, as 1 : 2; in the wrist, at one period, as 1 : 29; in another period as 8 : 22.

The question of primary or secondary amputation in cases of wounds was discussed, and the preference given the secondary. Immediate dressing was approved of. The impropriety of operating during the shock was insisted on. The cause of death was examined, and found frequently to exist in the viscera, particularly in the lungs.—*Athenæum.*

74. *On the Comparative Frequency of Hernia according to the Sex and Age, and also relative to the Population.*—In an interesting article on this subject, in the "*Annales d'Hygiene Publique*," July, 1840, M. J. F. Malgaigne, after enumerating the difficulties attending an inquiry of this kind, compares the results which have been published with regard to the comparative frequency of hernia, with those which have come under his own observation.

1. *Comparative frequency of hernia in the two sexes.* According to Louis at Saltpetrie, an hospital for women, 3 out of every 100 were affected with hernia; whilst at Bicetre, a hospital for men, 6 of every 100 had hernia; and at the Hospital des Invalides, the proportion was a fraction greater. This gave a proportion of 2 men for every 1 woman afflicted with that disease. At Amsterdam, Jean Monnikoff found the proportion of men greater, being nearly 3 males to 1 female with hernia. M. Mathey says, that, at Antwerp, the proportion is as 4 men to 1 woman, and Mr. Lawrence that, at London, the proportion is so great as 6 to 1.

M. Malgaigne, in order to arrive at something like an approach to the truth, collected carefully the number of the cases, both male and female, who applied for bandages or pessaries during the years 1836 and 1837, and also part of 1835, at the Bureau Central des Hopitaux. He found that during October and November, 1835, 435 cases of hernia, or prolapsus of the vagina, had occurred; and that of this number 335 were males, and 100 females; giving a proportion of $3\frac{1}{3}$ males to 1 female. But if those who applied for prolapsus of the vagina alone be cut off, 410 cases of true hernia still remained—of which number 335 were males, and 75 females; or $4\frac{1}{2}$ males to 1 female.

For the year 1836 the proportional number of those afflicted with hernia were 2203 males, and 594 females, or very nearly 4 males to 1 female. This does not include the cases of prolapsus of the vagina or uterus.

For the year 1837 the proportion was very nearly the same, viz. 4 males to 1 female, the numbers being 1884 males and 489 females. From these facts he draws the conclusion, that in Paris, amongst the lower classes, four males are afflicted with hernia for every female so situated.